

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Maternal and Child Health Bureau  
Division of Healthy Start and Perinatal Services

***Supporting Maternal Health Innovation Program***

**Funding Opportunity Number: HRSA-19-106**  
**Funding Opportunity Type(s): New**  
**Assistance Listings (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2019

**Application Due Date: July 15, 2019**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
HRSA will not approve deadline extensions for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: May 30, 2019**

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Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2))

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year 2019 Supporting Maternal Health Innovation (Supporting MHI) Program. The purpose of this program is to support HRSA award recipients who focus on improving maternal health, states, and key stakeholders in their efforts to reduce and prevent maternal mortality and severe maternal morbidity (SMM). This program will achieve this purpose by: 1) Providing capacity-building assistance (CBA) to award recipients of the State Maternal Health Innovation (State MHI) Program and the Rural Maternity and Obstetrics Management (RMOMS) Program to implement innovative and evidence-informed strategies, and 2) Establishing a resource center to provide national guidance to HRSA award recipients, states, and key stakeholders in improving maternal health.

Funding Opportunity Title:	Supporting Maternal Health Innovation Program
Funding Opportunity Number:	HRSA-19-106
Due Date for Applications:	July 15, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$2,600,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$2,600,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2019 through September 29, 2024 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

### **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, June 13, 2019

Time: 3–4 p.m. ET

Call-In Number: 1-866-714-2132

Participant Code: 1427617#

Weblink: <https://hrsa.connectsolutions.com/supportingmhi/>

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Supporting Maternal Health Innovation (Supporting MHI) Program. The purpose of this program is to support HRSA award recipients who focus on improving maternal health, states and key stakeholders in their efforts to reduce and prevent maternal mortality and severe maternal morbidity (SMM) by providing: 1) Capacity-building assistance (CBA) to recipients of the State Maternal Health Innovation (State MHI) Program and the Rural Maternity and Obstetrics Management (RMOMS) Program to implement innovative and evidence-informed strategies, and 2) Establish a resource center to provide national guidance to HRSA award recipients, states, and key stakeholders to improve maternal health.

Specifically, funding for this program will:

- 1) Provide CBA to recipients of the State MHI Program ([HRSA-19-107](#)) and the RMOMS Program ([HRSA-19-094](#)) to support implementation of innovative and evidence-informed strategies to address disparities in maternal health and reduce and prevent maternal mortality and severe maternal morbidity (SMM); and
- 2) Establish a resource center that provides national guidance to improve maternal health and reduce maternal mortality and SMM by offering technical assistance (TA), training, education, development and dissemination of resources, policy analysis and partnership building to HRSA award recipients who focus on improving maternal health, states, and key stakeholders.
  - a. **HRSA award recipients who focus on improving maternal health include**, but are not limited to, the Alliance for Innovation on Maternal Health (AIM), the AIM – Community Care Initiative ([HRSA-19-109](#)), the Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Healthy Start), and the Title V Maternal and Child Health Services Block Grant Program (Title V MCH Services Block Grant Program)
  - b. **States and key stakeholders include**, but are not limited to: health care and public health professionals, state health agencies, community-based organizations, academic institutions, and pregnant and postpartum women and their families.

The Supporting MHI award recipient will support the nine State MHI award recipients ([HRSA-19-107](#)) in achieving the performance milestones listed below:

- Increase the percentage of women covered by health insurance.
- Increase the percentage of women who receive an annual well-woman visit.
- Increase the percentage of pregnant women who receive prenatal care.
- Increase the percentage of pregnant women who receive prenatal care in the first trimester.
- Increase the percentage of pregnant women who receive a postpartum visit.
- Increase the percentage of women screened for perinatal depression.
- Decrease the rate of pregnancy-related deaths.

- Decrease the racial, ethnic, and/or geographic disparities in pregnancy-related mortality rates.

## **Program Objectives**

A successful Supporting MHI award recipient will develop a program that achieves the following:

- By 2024, 75 percent of HRSA award recipients who focus on improving maternal health will access maternal health peer learning and shared resources created by the Supporting MHI Program award recipient.
- By 2024, 75 percent of HRSA award recipients who focus on improving maternal health and who receive support and/or technical assistance to reduce maternal mortality and SMM will report they are better able to implement innovative and evidence-informed strategies to reduce and prevent maternal mortality and SMM.
- By 2024, increase the dissemination of national resources to support the adoption of the AIM and AIM – Community Care Initiative safety bundles,<sup>1</sup> as well as other innovative, evidence-informed strategies to serve communities experiencing disparities that contribute to maternal mortality and SMM.

The award recipient will report on progress made towards meeting the above objectives in the annual Progress Report.

## **Program Description**

For a detailed description of the program, please see [Section IV, page 9](#).

## **2. Background**

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)).

### **Maternal Mortality**

The World Health Organization (WHO) estimates that more than 300,000 women across the globe died from complications of pregnancy or childbirth in 2015.<sup>2</sup> Maternal mortality and SMM are key indicators of maternal health and health care quality worldwide. Maternal mortality is defined by the WHO as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.<sup>3</sup> It is reported as the number of maternal deaths per 100,000 live births.<sup>4</sup> The WHO reports that, globally, maternal mortality rates have fallen by nearly 44 percent from 1990 to 2015; however, the rate of maternal death has increased in the United States.<sup>5</sup> In 2015, there were approximately 550 maternal deaths in the United States placing the United States at

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<sup>1</sup> Maternal safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting have improved patient outcomes and reduced maternal mortality and SMM, <http://www.ihl.org/Topics/Bundles/Pages/default.aspx>.

<sup>2</sup> <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

<sup>3</sup> <https://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

<sup>4</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>5</sup> <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

46<sup>th</sup> among all 181 countries with maternal mortality estimates.<sup>6</sup> It is near the bottom of all developed countries (38<sup>th</sup> out of 46)<sup>7</sup> on this indicator.

Over the past few decades, the rate of pregnancy-related deaths, during or within 1 year of pregnancy, in the United States has more than doubled from 7.2 deaths per 100,000 live births in 1987 to 18.0 deaths per 100,000 live births in 2014.<sup>8</sup> Much of this increase is attributable to improved ascertainment of deaths; however, the increasing prevalence of obesity and other chronic health conditions among pregnant women may also play a role.<sup>9,10</sup> In addition, the risk of experiencing maternal mortality and morbidity is magnified for specific populations, including women of advanced maternal age, and those residing in medically underserved areas.<sup>11</sup> Significant racial and ethnic disparities also exist, with non-Hispanic Black women being three to four times more likely to die from pregnancy complications than non-Hispanic White women.<sup>12</sup>

From 2011–2014, cardiovascular disease was the leading cause of pregnancy-related death, followed by other non-cardiovascular medical conditions, infection, hemorrhage, and cardiomyopathy.<sup>13</sup> Additional causes of pregnancy-related deaths included thrombotic pulmonary embolism, cerebrovascular accident, hypertensive disorders of pregnancy, amniotic fluid embolism, and anesthesia complications. The cause of death was unknown for nearly 7 percent of pregnancy-related deaths during this period.

### **Severe Maternal Morbidity**

While maternal mortality is considered a rare but sentinel event on the maternal health continuum, SMM is nearly 100 times more common. In 2014, more than 50,000 women living in the United States were affected by SMM.<sup>14</sup> SMM includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.<sup>15</sup> Similar to maternal death, SMM has been on the rise in the United States for the past two decades. The Centers for Disease Control and Prevention (CDC) reports that the rates for most SMM indicators increased between 1993 and 2014, with the largest relative increases observed for blood transfusions, acute myocardial infarction or aneurysm, acute renal failure, and adult respiratory

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<sup>6</sup> [http://www.who.int/gho/maternal\\_health/mortality/maternal/en/](http://www.who.int/gho/maternal_health/mortality/maternal/en/)

<sup>7</sup> <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

<sup>8</sup> Data are from the CDC PMSS that includes death certificates for all women who died during pregnancy or within 1 year of pregnancy and matching birth or fetal death certificates. Pregnancy-related deaths are defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This definition extends the World Health Organization definition of maternal deaths from within 42 days to within 1 year of pregnancy.

<sup>9</sup> MacDorman MK, Declercq E, Cabral H, Morton C. Is the United States maternal mortality rate increasing? Disentangling trends from measurement issues. *Obstet Gynecol*, 2016 Sep; 128(3): 447-455.

<sup>10</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

<sup>11</sup> <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

<sup>12</sup> Creanga A, Syverson C, Seed K, Callaghan W. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol*, 2017; 130(2): 366-373.

<sup>13</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

<sup>14</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

<sup>15</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

distress syndrome.<sup>16</sup> These conditions can be exacerbated by labor and delivery, have significant short- and long-term outcomes,<sup>17</sup> and represent a significant burden for women, their families, and society.

### **Contributing Factors**

Factors that contribute to high rates of maternal mortality and SMM in the United States are numerous. One major factor is the variability of, and in some cases, lack of access to high-quality prenatal and maternity care services. Access issues affect women of all races and ethnicities. Too often, women cannot initiate prenatal care within the first trimester of their pregnancy due to lack of access to providers or coverage for services.<sup>18</sup> Many women living in the United States are geographically isolated with limited access to quality obstetric care facilities. Although national data on women's health and outcomes according to geographic location are limited, disparities among women residing in rural communities are apparent. Recent research shows that 45 percent of rural U.S. counties had no hospital obstetric services from 2004–2014.<sup>19</sup> Prenatal care initiation in the first trimester was lower for mothers in rural areas compared with suburban areas.<sup>20</sup> Women living in rural areas experienced higher rates of hospitalizations with complications during pregnancy compared to women living in metropolitan areas.<sup>21</sup> Lack of access can mean life or death if a woman experiences complications, such as hemorrhage or hypertension after returning home from delivery.

Provider knowledge, training and preparedness, as well as access to life-saving medication and tools (e.g., crash cart with obstetric supplies) within birthing facilities are other factors affecting maternal mortality rates. Unfortunately, not all birthing facilities are prepared to manage obstetric emergencies and may not have immediate access to vital equipment, medications, and supplies for a rapid response. Because obstetric emergencies are an infrequent occurrence in many inpatient and outpatient facilities, providers and staff may not be routinely educated or trained on recognizing and responding to the early warning signs of emergencies.<sup>22</sup> This lack of experience in dealing with obstetric emergencies can result in denial and delay of care when warning signs are present.

Pregnant and postpartum women, their families, and social networks may also lack knowledge about the early warning signs of obstetric emergencies, during both the prenatal and postpartum periods. Medical professionals play a vital role in providing patients and their families with adequate guidance on identifying the early warning signs

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<sup>16</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

<sup>17</sup> American College of Obstetricians and Gynecologists. Severe maternal morbidity: screening and review. *Am J Obstet Gynecol*, 2016; 215 (3): B17-B22.

<sup>18</sup> <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.9.4.91>

<sup>19</sup> Hung, P., Henning-Smith, C., Casey, M., and Kozhimannil, K. "Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14." *Health Affairs* 36, No. 9 (2017).

<sup>20</sup> Agency for Healthcare Research and Quality. 2012 national healthcare disparities report. AHRQ Publication No. 13-0003. Rockville (MD): AHRQ; 2013. Available at: <https://archive.ahrq.gov/research/findings/nhqrdr/nhdr12/index.html>.

<sup>21</sup> Elixhauser A, Wier LM. Complicating Conditions of Pregnancy and Childbirth, 2008. Statistical Brief #113. Healthcare Cost and Utilization Project (HCUP). Rockville (MD): Agency for Healthcare Research and Quality; 2011. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb113.pdf>.

<sup>22</sup> Robinson DW, Anana M, Edens MA, et al. Training in Emergency Obstetrics: A Needs Assessment of U.S. Emergency Medicine Program Directors. *West J Emerg Med*. 2017;19(1):87-92. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5785207/>.

of complications, and by helping women recognize potential life-threatening postpartum warning signs and educating them on how best to obtain immediate medical attention. Women are often discharged after only a brief post-delivery hospitalization, and consistent messaging about early warning signs should be reinforced early and often. Once home, these women may be uncertain whether they are experiencing symptoms that warrant medical attention and may not have rapid access to expert guidance 24 hours a day. The postpartum visit offers an opportunity to address any health concerns post-delivery. While evidence shows close monitoring and follow-up care throughout the postpartum period is crucial, not all women attend a postpartum visit. Currently, as many as 40 percent of women do not attend a postpartum visit.<sup>23</sup>

Lastly, identification and review of maternal deaths, and specifically pregnancy-related deaths, across the country are inconsistent. Estimates on the number of postpartum or post-discharge maternal deaths are not representative nationally. Over the past several decades, numerous national, state, and local initiatives have been implemented to improve the identification, review, and prevention of maternal deaths. However, challenges remain with respect to shared terminology, definitions, and accuracy of maternal mortality data.<sup>24</sup> There continues to be a need for accurate standardized data to better understand the trends and causes of maternal death, and to inform preventive efforts to reduce maternal mortality and SMM in the United States. Access to high-quality and reliable data that identify both the characteristics of women who die due to pregnancy complications and the specific circumstances that may lead to these deaths is essential for informing our nation of critical action steps, developing strategies to prevent negative outcomes, and improving systems of care to prevent maternal mortality and SMM.

### **HRSA's Role in Improving Maternal Health Outcomes**

HRSA is the primary federal agency charged with improving health care to people who are geographically isolated, economically or medically vulnerable, including those in need of high-quality primary health care, such as pregnant and parenting women. Improving maternal health outcomes and access to quality maternity care services is central to HRSA's mission to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative and effective programs. HRSA has taken an active role in addressing maternal mortality and SMM through health promotion, risk prevention, and by training health care professionals to identify and treat early maternal warning signs of an obstetric emergency. By establishing a resource center to deliver CBA and national guidance, HRSA will provide award recipients who focus on improving maternal health, states, and key stakeholders access to vital expertise and collective support that is essential for effectively addressing maternal mortality and SMM.

The Supporting MHI is one of four new programs in HRSA's maternal health portfolio, including: the State MHI Program; the AIM – Community Care Initiative; and, the Rural Maternity and Obstetrics Management Strategies Program (RMOMS). These collective efforts will expand existing HRSA programming to improve maternal health outcomes

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<sup>23</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>.

<sup>24</sup> St. Pierre A, Zaharatos J, Goodman D, Callaghan WM. Challenges and opportunities in identifying, reviewing, and preventing maternal deaths. *Obstet Gynecol*, 2018; 131(1): 138-142.

and address disparities that contribute to maternal mortality and SMM. Furthermore, funded projects will be encouraged to collaborate in implementing these activities with HRSA award recipients who focus on improving maternal health, such as the Title V MCH Services Block Grant Program, Federally Qualified Health Centers, Healthy Start, and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs within their state/territory.

For a detailed program description of the State MHI Program, AIM Program, AIM – Community Care Initiative, and RMOMS, please see the [Appendix](#).

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

#### **HRSA Program involvement will include, but is not limited to:**

- Having experienced HRSA personnel available as participants in the planning and development of all phases of the project;
- Participating, as appropriate, in conference calls, meetings and TA sessions that are conducted during the period of the cooperative agreement;
- Conducting an ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Ensuring integration into HRSA programmatic and data reporting efforts;
- Facilitating collaborative relationships with federal and state contacts as well as award recipients from: the State MHI; AIM; the AIM – Community Care Initiative, RMOMS, other HRSA award recipients who focus on improving maternal health; and, other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination; and,
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

#### **The cooperative agreement recipient's responsibilities will include:**

- Completing activities proposed in response to the [Project Narrative](#) section of this NOFO;
- Modifying and/or developing training and TA activities in support of the State MHI Program, AIM, the AIM – Community Care Initiative, RMOMS, and other HRSA-funded award programs that focus on improving maternal health;

- Developing and maintaining a web-based clearinghouse that ensures public access to all tools and resources during the project period and beyond;
- Providing HRSA with a copy of all tools, resources, training, and curricula through the clearinghouse in an electronic file format by the end of the project period;
- Participating in and cooperating with HRSA-wide efforts to provide a central TA resource for HRSA award recipients;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and/or other materials produced (drafts and final products);
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Consulting with the federal project officer in planning and scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination; contracts and subawards;
- Convening and leading face-to-face meetings during the period of performance for the award recipients in the State MHI Program, AIM, the AIM-Community Care Initiative, RMOMS, and other HRSA award recipients that focus on improving maternal health; and,
- Completing all administrative data and performance measure reports, as designated by HRSA, in a timely fashion.

## **2. Summary of Funding**

HRSA expects approximately \$2,600,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$2,600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2019 through September 29, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Supporting MHI Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

## **III. Eligibility Information**

### **1. Eligible Applicants**

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

### **Program Description**

The Supporting MHI Program aims to provide CBA to the State MHI Program award recipients and national guidance to HRSA award recipients who focus on improving maternal health, states, and key stakeholders. The successful Supporting MHI applicant will propose projects that include the core functions and activities below:

#### **1. Provide CBA for the State MHI Program Award Recipients ([HRSA-19-107](#)) and the RMOMS Program Award Recipients ([HRSA-19-094](#))**

- For the purposes of this NOFO, the activities that support the CBA model are:
  - Technical Assistance – the provision and/or facilitation of culturally relevant and expert programmatic, scientific, and technical advice (mentoring/coaching) and support;
  - Training – the development and delivery of curricula through coordinated activities to increase the knowledge, skills, and abilities of clinical and non-clinical service providers; and,
  - Information Transfer and Dissemination – the distribution and sharing of relevant and current innovative and evidence-informed strategies to

reduce maternal mortality and SMM (reviewed by peer review committees prior to dissemination) through print materials, presentations, websites, and mass media.

- Provide CBA to award recipients in the following topic areas (including, but not limited to):
  - Maternity care services in medically-underserved communities;
  - Maternity care workforce shortages;
  - Postpartum care;
  - Patient and provider education and awareness related to maternal mortality and SMM;
  - State maternal mortality review committees (MMRCs);
  - Innovative and evidence-informed interventions and strategies to improve maternal health outcomes;
  - Use of data in designing and implementing innovative and evidence-informed strategies;
  - Data collection and evaluation of innovative and evidence-informed interventions and strategies;
  - Maternal telehealth and telemedicine strategies (e.g., mobile applications, remote pregnancy monitoring of specific conditions, etc.); and,
  - Other areas to address emerging maternal health issues as identified by award recipients.
  
- Support the State MHI Program award recipients by:
  - Convening a community of learners for State MHI Program award recipients. Award recipient participation in the community of learners will enhance recipient effectiveness in implementing program activities. The state-led maternal health task forces will participate in the community of learners and will have an opportunity to collectively problem-solve and share strategies through brainstorming sessions, workshops, peer-to-peer training and skills training sessions. Peer-to-peer learning opportunities should be available both in-person and virtually.
  - Working with recipients to assess progress towards achieving program goals.
  - Planning, hosting, and facilitating an annual in-person award recipient meeting.

## **2. Establish a resource center and provide national guidance and develop resources on practices, policies, and tools to reduce maternal mortality and SMM**

This can be accomplished through:

- **Training, Technical Assistance, and Education**
  - Provide training, TA, and education to key stakeholders and entities including, but not limited to HRSA award recipients (Title V MCH Services Block Grant Program award recipients; the AIM award recipient; the AIM – Community Care Initiative award recipient; MIECHV award recipients;

- Healthy Start award recipients; Federally Qualified Health Centers) states, and key stakeholders.
- Topic areas for TA and education should be similar to those created for the State MHI Program award recipients, such as the following:
    - Maternity care services in medically-underserved communities;
    - Maternity care workforce shortages;
    - Postpartum care;
    - Patient and provider education and awareness related to maternal mortality and SMM;
    - State maternal mortality review committees (MMRCs);
    - Innovative and evidence-informed interventions and strategies to improve maternal health outcomes;
    - Data collection and evaluation of innovative and evidence-informed interventions and strategies;
    - Maternal telehealth and telemedicine strategies; and,
    - Other areas to address emerging maternal health issues as identified by award recipients.
  - Develop TA initiatives, training activities, and educational materials, including the dissemination of innovative and evidence-informed strategies to reduce maternal mortality and SMM.
  - Develop and/or identify and disseminate standard resources (e.g., issue briefs, tools, toolkits, fact sheets, webinars, and publications).
  - Conduct in-person presentations, conferences, and workshops.
  - Convene national meetings with HRSA award recipients who focus on improving maternal health, states, governmental agencies, experts, and key stakeholders (includes responsibility for agenda-setting).
- **Partnership Building**
    - Develop and sustain partnerships with relevant national maternal health organizations and key stakeholder groups (e.g., the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, the Association of Women’s Health, Obstetric and Neonatal Nurses, Black Mamas Matter Alliance, National Birth Equity Collaborative, National Perinatal Task Force, March of Dimes, Nurse Practitioners in Women’s Health, Society for Maternal Fetal Medicine, American Academy of Family Physicians, Telehealth Resource Centers, and the Association of Maternal and Child Health Programs, among others).
    - Collaborate with individuals and organizations that conduct outreach to medically-underserved populations, including those in rural and urban communities, as well as racial and ethnic minority populations.
  - **Policy Analysis**
    - Identify and examine policy and program initiatives at the local, state, and federal level to reduce maternal mortality and SMM.
    - Identify promising and evidence-informed practices, innovations, and validated tools (e.g., AIM maternal safety bundles) to reduce maternal mortality and SMM.

- Monitor, analyze, and report on emerging local, state, and federal trends, research, legislation, regulations, and other relevant policies that address reducing maternal mortality and SMM.
- **Dissemination**
  - Develop a public-facing, freestanding website that can act as a repository of resources, publications, topical meetings, and newsletters; and, which can host the State MHI Program award recipients' online platform.
  - Develop and implement a plan for dissemination of successful innovative and evidence-informed practices, innovations, educational materials, and trainings.

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

#### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### ***ii. Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review [Criterion 1](#)***
  - Briefly describe the purpose of the proposed project.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1***  
*Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the communities and populations that will be served by the proposed project.*
  - Describe the major CBA, training and education needs, of the State MHI Program and RMOMS award recipients.
  - Identify and describe major TA, training, and education needs related to maternal mortality and SMM of HRSA award recipients who focus on improving maternal health, states, and key stakeholders.
  - Demonstrate knowledge of HRSA award recipients who focus on improving maternal health and potential needs related to maternal health.
- ***METHODOLOGY -- Corresponds to Section V's Review Criteria [2](#) and [4](#)***
  - Propose methods that will be used to address the stated needs and meet each of the previously described expectations outlined in the Program Description section of this NOFO, including (1) CBA for the State MHI

Program and RMOMS Program award recipients; and (2) Establishing a resource center that provides national guidance to reduce maternal mortality and SMM.

Capacity-Building Assistance (CBA)

- Describe the process for identifying the types of CBA needed by the State MHI Program and RMOMS award recipients.
- Describe plans to use multiple methods to deliver CBA and promote technology and information transfer to State MHI Program and RMOMS Program award recipients, utilizing both face-to-face and remote TA.
- Describe plans for convening the community of learners.

National Guidance to Reduce Maternal Mortality and SMM

- Describe plans for providing learning opportunities and information to HRSA award recipients who focus on improving maternal health, states, and key stakeholders on the identified maternal health topics:
  - Maternity care services in medically underserved communities;
  - Maternity care workforce shortages;
  - Postpartum care;
  - Patient and provider education and awareness related to maternal mortality and SMM;
  - State maternal mortality review committees (MMRCs);
  - Innovative and evidence-informed interventions and strategies to improve maternal health outcomes;
  - Data collection and evaluation of innovative and evidence-informed interventions and strategies;
  - Maternal telehealth and telemedicine strategies; and
  - Other areas to address emerging maternal health issues as identified by award recipients.
- Describe the development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information-sharing.
- Provide a plan to disseminate reports, products, and/or project outputs to ensure key audiences receive project information.
- Describe a plan to identify existing evidence-informed curricula about reducing maternal mortality and SMM.
- Describe a plan to develop a 508 compliant, public-facing, freestanding website, including whether such expertise is internal to the recipient or will be acquired externally (e.g., contract). Include a discussion about your ability to host and store multi-media TA products and grantee-developed tools.
- Identify meaningful support and collaboration with key stakeholders, including pregnant and postpartum women and their families, state and federal agencies, clinical and non-clinical health care providers, in planning, designing, and implementing activities in this proposal.
- Describe plans for providing culturally competent TA to HRSA award recipients who focus on improving maternal health, states, and key stakeholders that is representative of diverse populations and/or those that experience health disparities related to maternal mortality and SMM.

- **WORK PLAN -- Corresponds to Section V's Review Criteria [2](#) and [4](#)**
  - Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
  - Propose a timeline that includes each activity and identifies responsible staff.
  - As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

#### Logic Model

You should submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Focus population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline to be used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review [Criterion 2](#)**
  - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
  - Discuss challenges likely to be encountered in providing support and CBA to the State MHI Program and RMOMS award recipients.
  - Discuss challenges likely to be encountered in providing TA, training, and educational activities to HRSA award recipients who focus on improving maternal health, states, and key stakeholders.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [3](#) and [5](#)*

#### Evaluation

- Applications should clearly present a program evaluation plan.
- Describe how you will calculate baseline data and implement a program evaluation plan for monitoring ongoing progress towards meeting the program objectives outlined in the [Program Objectives](#) section of this NOFO, [page 2](#).
- Explain the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assignment of skilled staff, use of data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Explain how program data will be used for internal continuous quality improvement or other mechanisms for routinely evaluating and improving the quality of services provided;
- Explain potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

#### Technical Support Capacity

- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Please note experiences related to addressing maternal health, maternal mortality, and SMM.
- Describe the use of a management information system to monitor proposed scope of work.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review [Criterion 5](#)*

- Describe your organization's capacity and expertise to provide CBA, TA, training, and education on innovative, evidence-informed strategies to reduce maternal mortality and SMM. At a minimum, address the following:
  - State the mission of your organization and describe how the Supporting MHI Program fits within the scope of the organization's mission;
  - Describe the structure of your organization. Include an organizational chart (Attachment 6) that clearly shows how your organization is structured;
  - Demonstrate that your proposed project will meet the program requirements regarding specific program staff;
  - Describe the scope of current TA, training and educational activities your organization engages in;
  - Demonstrate an understanding of how to implement innovative, evidence-informed strategies to reduce maternal mortality and SMM;
  - Demonstrate your organization's ability to prepare guidance documents, TA documents, issue briefs, and resources using plain-language;

- Demonstrate your organization’s ability to conduct a government program evaluation;
  - Describe experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
  - Provide information on time allocation for all key personnel on proposed activities; and,
  - Describe experience managing collaborative federal awards at the national level, including examples of the extent to which activities were completed in full and timely.
- Describe your organization’s capacity and expertise to provide TA to support sustained rural health network partnerships.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u><b>Narrative Section</b></u>	<u><b>Review Criteria</b></u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

**iv. Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV. 2.ii. [Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

*Attachment 2: Logic Model*

Attach the project logic model that includes all information detailed in Section IV. 2.ii. [Project Narrative](#).

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization’s timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 4: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents

that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

*Attachment 6: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project.

*Attachment 7: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

*Attachment 8: For Multi-Year Budgets--5<sup>th</sup> Year Budget (NOT counted in page limit),* After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachments 9–15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

**UPDATED SAM.GOV ALERT:** For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

**If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *July 15, 2019 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Supporting MHI Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 5 years, at no more than \$2,600,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Supporting MHI Program has six review criteria:

*Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)*

The extent to which the applicant:

- Describes the major CBA, training and education needs, of the State MHI Program and RMOMS Program award recipients. CBA involves using diverse strategies including training, professional development, staff development, TA, and information transfer and dissemination.
- Identifies and describes major TA, training, and education needs related to maternal mortality and SMM of HRSA award recipients who focus on improving maternal health, states, and key stakeholders.
- Demonstrates knowledge of HRSA award recipients who focus on improving maternal health and potential needs related to maternal health.

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)*

The extent to which the applicant:

- Proposes methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO, including (1) CBA for the State MHI Program award recipients; and (2) Establishing a resource center that provides national guidance to reduce maternal mortality and SMM.

### Capacity Building Assistance (CBA) – 10 points

The strength, completeness, and feasibility of the applicant's:

- Description of the process for identifying the types of CBA needed by the State MHI Program and RMOMS Program award recipients;
- Plans to use multiple methods to deliver CBA and promote technology and information transfer to State MHI recipients, utilizing both face-to-face and remote TA; and
- Description of plans for convening the community of learners.

### National Guidance to Reduce Maternal Mortality and SMM – 10 points

The extent to which the applicant:

- Describes plans for providing learning opportunities and information to HRSA award recipients who focus on maternal health, states, and key stakeholders on the identified maternal health topics:
  - Maternity care services in medically underserved communities;
  - Maternity care workforce shortages;
  - Postpartum care;
  - Patient and provider education and awareness related to maternal mortality and SMM;
  - State maternal mortality review committees (MMRCs);
  - Innovative and evidence-informed interventions and strategies to improve maternal health outcomes;
  - Data collection and evaluation of innovative and evidence-informed interventions and strategies;
  - Maternal telehealth and telemedicine strategies; and
  - Other areas to address emerging maternal health issues as identified by award recipients.
- Describes the development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing;
- Describes a plan to identify existing evidence-informed curricula about reducing maternal mortality and SMM;
- Describes a plan to develop a 508 compliant, public-facing, freestanding website, including whether such expertise is internal to the recipient or will be acquired externally (e.g., contract). Includes a discussion about ability to host and store multi-media TA products and grantee-developed tools;
- Identifies meaningful support and collaboration with key stakeholders, including pregnant and postpartum women and their families, state and federal agencies, clinical and non-clinical health care providers, in planning, designing, and implementing activities in this proposal; and,
- Describes plans for providing culturally competent TA to HRSA award recipients who focus on improving maternal health, states, and key stakeholders that is representative of diverse populations and/or those that experience health disparities related to maternal mortality and SMM.

### Work Plan – 5 points

The strength, completeness, and feasibility of the applicant's:

- Description of the activities or steps that the applicant will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance;
- Time line that includes each activity and identifies responsible staff; and,
- Collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

### Resolution of Challenges – 5 points

The extent to which the applicant:

- Discusses challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches to resolve such challenges;
- Discusses challenges likely to be encountered in providing support and CBA to the State MHI Program and RMOMS award recipients; and,
- Discusses challenges likely to be encountered in providing TA, training and educational activities to HRSA award recipients who focus on improving maternal health, states, and key stakeholders.

### *Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

The strength, completeness, and feasibility of the applicant's:

- Evaluation and performance measurement plan that includes the following:
  - An outline of an evaluation plan that will be used to measure impact of program;
  - Systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes;
  - Internal continuous quality improvement for program or other mechanisms for routinely evaluating and improving the quality of services provided; and,
  - Potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

### *Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)*

The strength, completeness, and feasibility of the applicant's:

- Proposed logic model;
- Plan to disseminate reports, products, and/or project outputs to ensure key target audiences and key stakeholders receive project information; and,
- Proposed plan for information transfer and dissemination of relevant and current innovative and evidence-informed strategies to reduce maternal mortality and SMM.

*Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)*

*Technical Support Capacity – 10 points*

The extent to which the applicant:

- Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature;
- Notes experience related to addressing maternal health, maternal mortality, and SMM; and,
- Describes the use of a management information system to monitor proposed scope of work.

*Organizational Information – 20 points*

The extent to which the applicant:

- Describes the organization’s capacity and expertise to provide CBA, TA, training, and education on innovative, evidence-informed strategies to reduce maternal mortality and SMM;
- Describes the organization’s capacity and expertise to provide TA to support sustained rural health network partnerships; and,
- Addresses the following:
  - The mission of the organization and how the Supporting MHI Program fits within the scope of the organization’s mission;
  - The structure of the organization that clearly shows how the organization is structured;
  - How the proposed project will meet the program expectations regarding specific program staff;
  - The scope of current TA, training and educational activities the organization engages in;
  - Understanding of how to implement innovative, evidence-informed strategies to reduce maternal mortality and SMM
  - The organization’s ability to prepare guidance documents, TA documents, issue briefs, and resources using plain-language.
  - The organization’s ability to conduct a government program evaluation.
  - The experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
  - How time will be allocated for all key personnel on proposed activities.
  - Experience managing collaborative federal awards at the national level, including examples of the extent to which accomplishments were completed in full and on time.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)*

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

## **3. Assessment of Risk and Other Pre-Award Activities**

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as

described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

#### **Data Rights**

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

#### **Requirements of Subawards**

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

### **3. Reporting**

The Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide TA via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

**a) Performance Measures and Program Data**

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at [https://perf-data.hrsa.gov/MchbExternal/dgisapp/formassignmentlist/U7C\\_2.html](https://perf-data.hrsa.gov/MchbExternal/dgisapp/formassignmentlist/U7C_2.html) and below.

<b>Forms</b>			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project			
<b>Updated DGIS Performance Measures, Numbering by Domain</b> <i>(All Performance Measures are revised from the previous OMB package)</i>			
<b>Performance Measure</b>	<b>New/Revised Measure</b>	<b>Prior PM Number (if applicable)</b>	<b>Topic</b>
<b>Core</b>			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
<b>Capacity Building</b>			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 6	New	N/A	Products
<b>Women’s/ Maternal Health</b>			
WMH 1	New	N/A	Prenatal Care
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care
WMH 4	New	N/A	Depression Screening
<b>Life Course/ Cross Cutting</b>			
LC 1	New	N/A	Adequate Health Insurance Coverage

**b) Performance Reporting Time line**

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA’s EHBs and electronically complete the program-specific data forms that are

required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the period of performance. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

### **c) Project Period End Performance Reporting**

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## **VII. Agency Contacts**

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

David Colwander  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-7858  
Email: [dcolwander@hrsa.gov](mailto:dcolwander@hrsa.gov)

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

LCDR Leticia Manning, MPH  
Senior Public Health Analyst  
Division of Services for Children with Special Health Needs  
Maternal and Child Health Bureau  
Health Resources and Services Administration

5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-8335  
Email: [wellwomancare@hrsa.gov](mailto:wellwomancare@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Thursday, June 13, 2019  
Time: 3–4 p.m. ET  
Call-In Number: 1-866-714-2132  
Participant Code: 1427617#  
Weblink: <https://hrsa.connectsolutions.com/supportingmhi/>

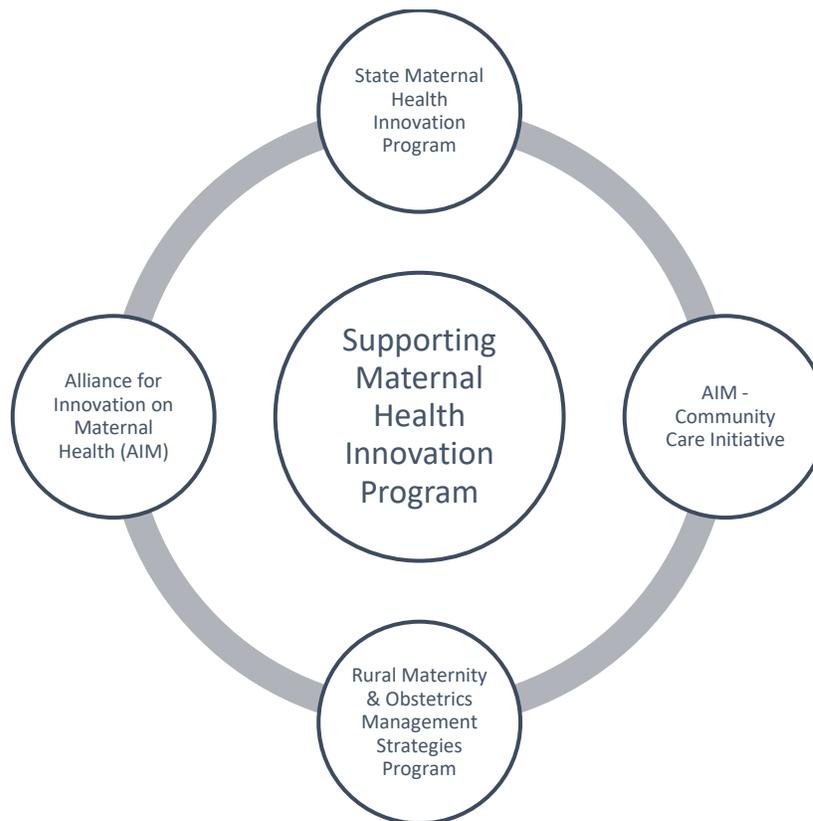
HRSA will record the webinar and make it available at:  
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

### **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

## Appendix

### HRSA Maternal Health Programming Organizational Chart



#### State Maternal Health Innovation Grant Program

The purpose of the State MHI Program is to strengthen state-level capacity to address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and SMM. Specifically, funding for this program will support state-led demonstrations by:

- 1) Establishing a state-led maternal health task force to implement project activities outlined in the state's maternal health strategic plan;
- 2) Improving state-level data on maternal mortality and SMM; and,
- 3) Promoting and executing innovation in maternal health service delivery such as improving access to maternal care services, identifying and addressing workforce needs, and/or supporting postpartum and interconception care services, among others.

This program will establish an infrastructure based on multidisciplinary collaboration, analysis, and review of maternal health data, and innovation to implement evidence-informed strategies to impart measureable impact and outcomes within the period of performance.

For a detailed description of the State MHI Program, please see [HRSA-19-107 NOFO](#).

## **Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative**

The purpose of the AIM – Community Care Initiative is to support the development and implementation of non-hospital based maternal safety bundles within community-based organizations and outpatient clinical settings across the United States, in order to address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings. Specifically, funding for this cooperative agreement will support the recipient’s ability to conduct the following core activities:

- 1) Identifying and convening a maternal safety workgroup comprised of community-focused public health and clinical experts to guide program activities;
- 2) Facilitating national implementation and adoption of two non-hospital focused maternal safety bundles (Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit and Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care) and developing new non-hospital focused maternal safety bundles for use within outpatient clinical settings and community-based organizations; and,
- 3) Collecting and analyzing process, structure, and outcome data to drive continuous improvement in the implementation of non-hospital focused maternal safety bundles, through a continuous quality improvement framework.

AIM – Community Care Initiative will provide an infrastructure based on collaborative learning, quality improvement, and innovation to increase the utilization of best practices among outpatient clinical settings and community-based organizations to show measurable impact and outcomes.

For a detailed description of the AIM – Community Care Program, please see the [HRSA-19-109 NOFO](#).

## **Alliance for Innovation on Maternal Health (AIM)**

The purpose of the AIM program is to reduce maternal deaths and SMM by engaging provider organizations, state-based health and public health systems, consumer groups, and key stakeholders within a national partnership to assist state-based teams in implementing evidence-based maternal safety bundles. Maternal safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting have improved patient outcomes and reduced maternal mortality and severe maternal morbidity. This program conducts the following activities:

- 1) Leading a national partnership of organizations focused on reducing maternal mortality and severe maternal morbidity by facilitating multidisciplinary collaborations;
- 2) Directing widespread implementation and adoption of the maternal safety bundles through collaborative state-based teams; and
- 3) Collecting and analyzing process, structure, and outcome data to drive continuous improvement in the implementation of safety bundles by state-based teams, through a continuous quality improvement framework.

For a detailed description of the AIM program, please see the program [website](#).

### **Rural Maternity and Obstetrics Management Strategies Program (RMOMS)**

The purpose of the RMOMS program is to improve access to and continuity of maternal and obstetrics care in rural communities.

The goals of the RMOMS program are to: (i) develop a sustainable network approach to coordinate maternal and obstetrics care within a rural region; (ii) increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services; (iii) develop sustainable financing models for the provision of maternal and obstetrics care; and (iv) improve maternal and neonatal outcomes. RMOMS applicants are encouraged to propose innovative ways to achieve these goals through an established or formal regional network structure.

This pilot program intends to demonstrate the impact on access to and continuity of maternal and obstetrics care in rural communities through testing models that address the following RMOMS focus areas:

- 1) Rural Hospital Obstetric Service Aggregation
- 2) Network Approach to Coordinating a Continuum of Care
- 3) Leveraging Telehealth and Specialty Care
- 4) Financial Sustainability

RMOMS applicants are required to incorporate all four of the RMOMS focus areas in their proposals.

For a detailed description of the RMOMS program, please see the [HRSA-19-094 NOFO](#).